

APPLICATION FOR TRANSFER TO THE RETIRED RESERVE			
<p style="text-align: center;"><i>PRIVACY ACT STATEMENT</i></p> <p><i>AUTHORITY: 10 U.S.C., Chapters 11, 31, 35, 51, 59, 61, 67, 69, 837, 863, and 869; and Executive Order 9397.</i></p> <p><i>PRINCIPAL PURPOSE: To process application for transfer to the Retired Reserve.</i></p> <p><i>ROUTINE USE: None.</i></p> <p><i>DISCLOSURE IS VOLUNTARY: Refusal to divulge information may delay or halt transfer to the Retired Reserve. Social Security Number is necessary to ensure positive identification</i></p>			
TO		THRU	
I. PERSONNEL DATA			
NAME <i>(Last Name, First, MI)</i>		CURRENT GRADE <i>(If applicable)</i>	SSN
HIGHEST GRADE HELD			
HOME ADDRESS	HOME PHONE NO.	UNIT ADDRESS	UNIT PHONE NO.
II. CASE PROCESSING DATA <i>(Check and complete appropriate block)</i>			
	A. REQUEST THAT I BE TRANSFERRED TO THE RETIRED RESERVE EFFECTIVE ON _____		
	B. REQUEST THAT I BE REAPPOINTED AS A RESERVE OFFICER OF THE AIR FORCE FOR THE PURPOSE OF ASSIGNMENT TO THE RETIRED RESERVE AND PLACEMENT ON THE USAF RESERVE RETIRED LIST.		
	C. REQUEST THAT I BE DISCHARGED UNDER THE PROVISION OF AFI 36-3208 (Applicable to regular airmen requesting appointment as a reserve officer for retirement under 10 U.S.C. 8911)		
III. AUTHENTICATION DATA			
FOR COMPLETION OF III, IV, AND V REFER TO AFI 36-3209, CHAPTER 5			
DATE OF REQUEST	SIGNATURE OF APPLICANT		
IV. RECOMMENDATION			
	APPROVAL		DISAPPROVAL - JUSTIFICATION ATTACHED
DATE	TYPED NAME, GRADE AND TITLE OF RECOMMENDING OFFICIAL		SIGNATURE
V. RECOMMENDATION			
	APPROVAL		DISAPPROVAL - JUSTIFICATION ATTACHED
DATE	TYPED NAME, GRADE AND TITLE OF RECOMMENDING OFFICIAL		SIGNATURE
REMARKS			